

Mr. Shinzo Abe, Prime Minister
Mr. Taro Aso, Minister for Foreign Affairs

**Recommendations toward the 2007 G8 Heiligendamm Summit
from Japanese Civil Society working on Global Health Issues**

**Keep the Promises
- To Realize the Right to Health for All People -**

The Universal Declaration of Human Rights, adopted in 1948, proclaims that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...” 60 years have passed since health was affirmed in international agreements, as a right for all people, but many people on earth are still unable to receive necessary health services and are left to die.

Annually, nearly 4 million children fall victim to diarrhea and respiratory diseases that are treatable. Malaria claims more than a million people, and over 1.5 million people die from tuberculosis. Both infectious diseases are treatable. In developing countries, only one-in-five persons who require AIDS treatment can access it. Unable to receive reproductive health services, more than 500,000 women lose their lives due to pregnancy- or childbirth-related complications. Poor people in developing countries cannot yet enjoy the right to health. This situation is exacerbated by the global scourge of HIV/AIDS.

The international community established the “Millennium Development Goals” to solve global poverty and laid down a road map for all people to enjoy the right to health.

The Millennium Development Goal on HIV/AIDS has set a target of achieving universal access to HIV prevention services and AIDS treatment and care by 2010. It has also been agreed to achieve universal access to reproductive health by 2015 as a new target under Millennium Development Goal 5. International goals are also in place to combat tuberculosis and malaria. At the same time, consideration of gender perspectives is essential in making every effort in realizing the right to health for all people, and special consideration is needed for young people under 25, who make up half the earth’s population.

The 2007 G8 Summit to be held in Heiligendamm, Germany, raises development in Africa as one of its major themes and, this theme includes in its agenda strengthening African health care systems and securing resources for combating HIV/AIDS, tuberculosis, and malaria. We call upon G8 countries to make unprecedented efforts toward realization of a world where health is guaranteed for all people. What is asked now is whether the international community can keep the promises it has made, and if the international community can realize a world where the right to health is guaranteed for all people by 2015.

We, Japanese civil society working on global health issues, make the following recommendations to the governments of G8 countries, including Japan, toward the 2007 G8 Summit.

Recommendation 1: Reaffirm and fully implement existing international goals and commitments

To G8 Countries:

International goals and commitments agreed hitherto include the following:

1. Millennium Development Goals (2000)
2. Individual targets of health-related Millennium Development Goals
 - a. Universal access to HIV/AIDS services (come as close as possible to universal access to HIV prevention services and AIDS treatment and care by 2010)
 - b. The Roll Back Malaria and the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (reduce by half the deaths caused by malaria by 2010 and take necessary measures to this end)
 - c. Second ten-year global strategy for tuberculosis control 2006-2015 (take necessary measures, including treating 50 million people, by 2015)

- d. International Conference on Population and Development Programme of Action: Ensure universal access to reproductive health services by 2015
3. Increase the amount and improve the quality of global development assistance to developing countries:
 - a. The Monterrey Consensus (the 2002 United Nations International Conference on Financing for Development.): developed countries to increase ODA to developing countries toward the target of 0.7 per cent of gross national income (GNI)
 - b. Agreements on the increase in ODA made at the 2005 G8 Gleneagles Summit:
 - An increase in ODA to developing countries of \$50 billion a year by 2010, compared to 2004
 - Double aid to Africa by 2010, compared to 2004
 - Follow agreements made by G8 countries on financing for development
 - c. Observe the Paris Declaration on Aid Effectiveness and promote harmonization of donor coordination for effective aid delivery on infectious diseases and others.

To the Government of Japan:

1. Observe Japan's commitment on financing for development at the 2005 G8 Gleneagles Summit (Japan to increase its ODA volume by \$10 billion in aggregate by 2010, and to double its ODA to Africa in three years to come, with grant aid continuing to be its central feature);
2. Observe health-related initiatives and commitments (equitably contribute \$5 billion under the "Health and Development" Initiative and observe the commitment to contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria).

Recommendation 2: Formulate and implement effective measures to strengthen African health care systems

To G8 Countries:

1. Realize concrete and effective measures to stop the outflow of health professionals from developing countries to developed countries;
2. Harmonize assistance to realize national development plans of developing countries so as to create an environment where the employment of health professionals can be maintained in the country's own public health sector.

To the Government of Japan:

1. Formulate and implement comprehensive measures to strengthen health care systems, including measures for both development of human resources and maintenance and increase of employment.

Recommendation 3: Realize universal access to essential health services

To G8 Countries:

1. Formulate and implement financial planning based on equitable sharing and a harmonized approach toward realizing universal access to comprehensive HIV/AIDS services;
2. Reform IMF's macroeconomic policy measures that may prevent the realization of universal access, and secure flexibility of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs) in order to enable access to generic drugs (elimination of undue pressure on the governments of developing countries who hope to utilize this flexibility);
3. Strengthen measures to fight HIV/AIDS and tuberculosis, and integrate measures against both.
4. Promote comprehensive approaches to integrate measures against HIV/AIDS, tuberculosis, and malaria with reproductive health services. Realize also, universal access to preventing mother-to-child transmission.
5. Formulate and implement comprehensive assistance measures for children orphaned by HIV/AIDS and tuberculosis, as well as other vulnerable children;
6. Assist developing countries in enabling them formulate national development plans, including budgeting, toward realization of universal access to HIV/AIDS services, with guaranteed participation of all stakeholders in the formulation stages.
7. Provide necessary funding for the development of new technology in preventing HIV/AIDS, review existing technology associated with HIV, and formulate new prevention programs utilizing new technology.

Japanese Civil Society working on Global Health Issues

composed of:

Health Working Group, 2008 Japan G8 Summit NGO Forum, and
Interested Members of the Open Regular Dialogue between MOFA and NGOs on GII/IDI

Organizations:

Africa Japan Forum
AIDS & Society Association (ASA)
CARE International Japan
Foundation for International Development/Relief
Health and Development Service (HANDS)
Japanese Organization for International Cooperation in Family Planning (JOICFP)
Japan's Network for Women and Health (WHJ)
Medecins du Monde Japon
NPO 2050
Oxfam Japan
PH Japan Foundation
Plan Japan
RESULTS Japan
Services for the Health in Asian & African Regions (SHARE)
World Vision Japan (WVJ)